

CAHPS[®] 3.0

**Adult Supplemental
Questions**

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HEALTH PLAN

Replace Q-3 of the CAHPS 3.0 Adult Commercial Questionnaire with HP1

HP1. How many months or years in a row have you been in this health plan?

- ¹ ☐ Less than 1 year
- ² ☐ At least 1 year but less than 2 years
- ³ ☐ At least 2 years but less than 5 years
- ⁴ ☐ At least 5 years but less than 10 years
- ⁵ ☐ 10 years or more

COMMUNICATION

Insert C1 after Q-28 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

C1 -- For Medicare, the response category “I had no visits in the last 12 months” should be added following “Always”

C1. In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always

INTERPRETER

Insert I1 and I2 after Q-32 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

- I1. An interpreter is someone who repeats or signs what one person says in a language used by another person.**

In the last 12 months, did you need an interpreter to help you speak with doctors or other health providers?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

I2 -- For Medicare, the response category “I had no visits in the last 12 months or I didn’t need an interpreter in the last 12 months” should be added following “Always”

- I2. In the last 12 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?**

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

Insert I3 after Q-45 in “About You” of the CAHPS 3.0 Adult Commercial Questionnaire

- I3. What language do you mainly speak at home?**

¹ ☐ Language 1

² ☐ Language 2

³ ☐ Language 3

⁴ ☐ Language 4

DENTAL CARE

Insert D1 to D3 after Q-32 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

D1. In the last 12 months, did you get care from a dentist’s office or dental clinic?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

D2. In the last 12 months, how many times did you go to a dentist’s office or dental clinic for care for yourself?

⁰ ☐ None → **If None, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

DENTAL CARE (continued)

D3 -- For Medicare, the response category "I didn't have any dental care in the last 12 months" should be added following "10 Best dental care possible"

D3. Using any number from 0 to 10 where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your dental care from all dentists and other dental providers in the last 12 months?

- ⁰ ☐ 0 Worst dental care possible
- ¹ ☐ 1
- ² ☐ 2
- ³ ☐ 3
- ⁴ ☐ 4
- ⁵ ☐ 5
- ⁶ ☐ 6
- ⁷ ☐ 7
- ⁸ ☐ 8
- ⁹ ☐ 9
- ¹⁰ ☐ 10 Best dental care possible

BEHAVIORAL HEALTH

Insert MH1 to MH4 after Q-32 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

MH1. In general, how would you rate your overall mental or emotional health now?

- ¹ ☐ Excellent
- ² ☐ Very good
- ³ ☐ Good
- ⁴ ☐ Fair
- ⁵ ☐ Poor

MH2. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

MH2 -- For Medicare, the response category “I didn’t need to get any treatment or counseling in the last 12 months” should be added following “Not a problem”

MH3. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

BEHAVIORAL HEALTH (continued)

MH4. Using any number from 0 to 10 where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 12 months?

⁰ ☐ 0 Worst treatment or counseling possible

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5

⁶ ☐ 6

⁷ ☐ 7

⁸ ☐ 8

⁹ ☐ 9

¹⁰ ☐ 10 Best treatment or counseling possible

CHRONIC CONDITIONS

Insert CC1 to CC4 after Q-4 in “Your Personal Doctor or Nurse” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months” except for CC21

CC1 – For Medicare, the response category “I don’t have a personal doctor or nurse” should be added following “Nurse”

CC1. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- ¹ ☐ General doctor (Family practice or internal medicine)
- ² ☐ Specialist doctor
- ³ ☐ Physician assistant
- ⁴ ☐ Nurse

CC2 – For Medicare, the response category “I don’t have a personal doctor or nurse” should be added following “5 years or more”

CC2. How many months or years have you been going to your personal doctor or nurse?

- ¹ ☐ Less than 6 months
- ² ☐ At least 6 months but less than 1 year
- ³ ☐ At least 1 year but less than 2 years
- ⁴ ☐ At least 2 years but less than 5 years
- ⁵ ☐ 5 years or more

CC3. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go To Question 5 of the CAHPS 3.0 Adult Commercial Questionnaire**

CHRONIC CONDITIONS (continued)

CC4 – For Medicare, the response category “I don’t have any health problems or I don’t have a personal doctor or nurse” should be added following “No”

CC4. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

¹ ☐ Yes

² ☐ No

Insert CC5 after Q-10 in “Getting Health Care From Specialist” section of the CAHPS 3.0 Adult Commercial Questionnaire

CC5 – For Medicare, the response category and skip instructions “None If None, Go to Question 13 of the CAHPS 3.0 Adult Commercial Questionnaire” should be added before response “1”

CC5. In the last 12 months, how many times did you go to specialists for care for yourself?

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

Insert CC6 to CC8 after Q-31 in the “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

CC6. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 12 months, were any decisions made about your health care?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 32 of the CAHPS 3.0 Adult Commercial Questionnaire**

CHRONIC CONDITIONS (continued)

CC7 – For Medicare, the response category “No decisions were made about my health care in the last 12 months” should be added following “Always”

CC7. In the last 12 months, how often were you involved as much as you wanted in these decisions about your health care?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always

CC8 – For Medicare, the response category “No decisions were made about my health care in the last 12 months” should be added following “Not a problem”

CC8. In the last 12 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

Insert CC9 to CC14 after Q-32 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

OTHER HEALTH SERVICES

CC9. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question CC11

CHRONIC CONDITIONS – OTHER HEALTH SERVICES (continued)

CC10 – For Medicare, the response category “I didn’t need to get any special medical equipment in the last 12 months” should be added following “Not a problem”

CC10. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

CC11. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question CC13

CC12 – For Medicare, the response category “I didn’t need special therapy in the last 12 months” should be added following “Not a problem”

CC12. In the last 12 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

CC13. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire

CHRONIC CONDITIONS – OTHER HEALTH SERVICES (continued)

CC14 – For Medicare, the response category “I didn’t need home health care or assistance in the last 12 months” should be added following “Not a problem”

CC14. In the last 12 months, how much of a problem, if any, was it to get the care or assistance you needed through your health plan?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

Insert CC15 to CC18 after Q-40 in “About You” section of the CAHPS 3.0 Adult Commercial Questionnaire

MEASURES OF HEALTH STATUS

CC15. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ¹ ☐ Yes
- ² ☐ No

CC16. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ¹ ☐ Yes
- ² ☐ No

CC17. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- ¹ ☐ Yes
- ² ☐ No

CHRONIC CONDITIONS – MEASURES OF HEALTH STATUS (continued)

CC18. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Using any number from 0 to 10 where 0 is the worst your plan could do and 10 is the best your plan could do, what number would you use to rate your health plan now?

- ⁰ ☐ 0 Worst your health plan could do
- ¹ ☐ 1
- ² ☐ 2
- ³ ☐ 3
- ⁴ ☐ 4
- ⁵ ☐ 5
- ⁶ ☐ 6
- ⁷ ☐ 7
- ⁸ ☐ 8
- ⁹ ☐ 9
- ¹⁰ ☐ 10 Best your health plan could do

<p><i>Insert CC19 to CC22 after Q-40 in the “About You” section of the CAHPS 3.0 Adult Commercial Questionnaire</i></p>

CC19. In the last 12 months, have you been a patient in a hospital overnight or longer?

- ¹ ☐ Yes
- ² ☐ No

CC20. Do you now have any physical or medical conditions that have lasted for at least 3 months? [Women: DO NOT include pregnancy.]

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 41 of the CAHPS 3.0 Adult Commercial Questionnaire

CHRONIC CONDITIONS – MEASURES OF HEALTH STATUS (continued)

CC21 – For Medicare, the response category “I have no conditions that have lasted 3 months” should be added following “No”

CC21. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

¹ ☐ Yes

² ☐ No

CC22 – For Medicare, the response category “I have no conditions that have lasted 3 months” should be added following “No”

CC22. Have you been taking prescription medicine for at least 3 months for any of these conditions?

¹ ☐ Yes

² ☐ No

PREGNANCY CARE

Insert P1 to P4 after Q-31 in “Your Health Care in the Last 6 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

When using this set of questions, note that Q-42 from the CAHPS 3.0 Adult Commercial Questionnaire should be removed as it is duplicated in P1.

P1. Are you male or female?

- ¹ ☐ Male → **If Male, Go to Question 32 of the CAHPS 3.0 Adult Commercial Questionnaire**
- ² ☐ Female

P2. Are you pregnant right now?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go to Question P4**

P3 – For Medicare, the response category “I am not pregnant” should be added following “No”

P3. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for health care when you are pregnant.

Have you been to a doctor or other health provider for a pregnancy care check-up for this pregnancy?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go to Question 32 of the CAHPS 3.0 Adult Commercial Questionnaire**

P4. Have you given birth in the last 6 months?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go to Question 32 of the CAHPS 3.0 Adult Commercial Questionnaire**

PRESCRIPTION MEDICINE

Insert PM1 to PM3 after Q-39 in “Your Health Plan” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

PM1. In the last 12 months, did you get any new prescription medicine or refill a prescription?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 40 of the CAHPS 3.0 Adult Commercial Questionnaire**

PM2 – For Medicare, the response category “I didn’t get any prescriptions in the last 12 months” should be added following “Not a problem”

PM2. In the last 12 months, how much of a problem, if any, was it to get your prescription medicine from your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

PM3 – For Medicare, the response category “I didn’t get any prescriptions in the last 12 months” should be added following “Always”

PM3. In the last 12 months, how often did you get the prescription medicine you needed through your health plan?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

TRANSPORTATION

*Insert T1 to T3 after Q-39 in “Your Health Plan” section
of the CAHPS 3.0 Adult Commercial Questionnaire*

For Medicaid, reference period should be stated as “In the Last 6 Months”

T1. Some health plans help with transportation to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.

In the last 12 months did you call your health plan to get help with transportation?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 40 of the CAHPS 3.0 Adult Commercial Questionnaire**

T2 and T3 – For Medicare, the response category “I didn’t need any help with transportation in the last 12 months” should be added following “Always”

T2. In the last 12 months, when you called to get help with transportation from your health plan, how often did you get it?

¹ ☐ Never → **If Never, Go to Question 40 of the CAHPS 3.0 Adult Commercial Questionnaire**

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

T3. In the last 12 months, how often did the help with transportation meet your needs?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

REFERRALS

Insert R1 before Q-9 in “Getting Health Care from a Specialist” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

R1 – For Medicare, the response category “I didn’t need to see a specialist in the last 12 months” should be added following “Not a problem”

R1. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

- ¹ ☐ A big problem
- ² ☐ A small problem
- ³ ☐ Not a problem

CLAIMS PROCESSING

*Insert CP1 to CP4 before Q-33 in “Your Health Plan” section
of the CAHPS 3.0 Adult Commercial Questionnaire*

CP1. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you.

In the last 12 months, did you or anyone else send in any claims to your health plan?

¹ ☐ Yes

² ☐ No

→ If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire

☐ Don't Know

→ If Don't Know, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire

CP2. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't Know

CP3. In the last 12 months, how often did your health plan handle your claims correctly?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't Know

CLAIMS PROCESSING (continued)

CP4. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ Don't Know

MEDICAID ENROLLMENT

*Insert ME1 to ME4 before Q-33 in “Your Health Plan” section
of the CAHPS 3.0 Adult Commercial Questionnaire*

ME1. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

ME2. Did you choose your health plan or were you told which plan you were in?

¹ ☐ I chose my plan.

² ☐ I was told which plan I was in.

ME3. You can get information about plan services in writing, by telephone, on the Internet, or in-person.

Did you get any information about your health plan before you signed up for it?

¹ ☐ Yes

² ☐ No → **If No, Go to Question 33 of the CAHPS 3.0 Adult Commercial Questionnaire**

ME4. How much of the information you were given before you signed up for the plan was correct?

¹ ☐ All of it

² ☐ Most of it

³ ☐ Some of it

⁴ ☐ None of it

COST SHARING

*Insert CS1 after Q-39 in “Your Health Plan” section
of the CAHPS 3.0 Adult Commercial Questionnaire*

CS1. People can pay for their health insurance directly or out of their pay check.

Do you or your family pay any part of the cost of your health plan?

¹ ☐ Yes

² ☐ No

COVERED BY MULTIPLE PLANS

Insert MP1 after Q-3 of the CAHPS 3.0 Adult Commercial Questionnaire

MP1. Not counting dental insurance, are you covered by any other health plan?

¹ ☐ Yes

² ☐ No

RELATION TO POLICYHOLDER

*Insert PH1 after Q-45 in “About You” section of the
CAHPS 3.0 Adult Commercial Questionnaire*

PH1. Health insurance plans are usually in one person’s name, the policyholder.

Are you the policyholder?

¹ ☐ Yes

² ☐ No

HEDIS SET

Insert H1 after Q-16 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

H1 – For Medicare, the response category “I didn’t need care right away for an illness, injury, or condition in the last 12 months” should be added following “15 days or longer”

H1. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- ¹ ☐ Same day
- ² ☐ 1 day
- ³ ☐ 2 days
- ⁴ ☐ 3 days
- ⁵ ☐ 4-7 days
- ⁶ ☐ 8-14 days
- ⁷ ☐ 15 days or longer

Insert H2 after Q-18 in “Your Health Care in the Last 12 Months” section of the CAHPS 3.0 Adult Commercial Questionnaire

H2 – For Medicare, the response category “I didn’t need an appointment for health care in the last 12 months” should be added following “31 days or longer”

H2. In the last 12 months, not counting the times you need health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- ¹ ☐ Same day
- ² ☐ 1 day
- ³ ☐ 2-3 days
- ⁴ ☐ 4-7 days
- ⁵ ☐ 8-14 days
- ⁶ ☐ 15-30 days
- ⁷ ☐ 31 days or longer

HEDIS SET (continued)

*Insert H3 to H6 before Q-33 in the “Your Health Plan” Section of the
CAHPS 3.0 Adult Commercial Questionnaire*

H3. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims to your health plan?

¹ ☐ Yes

² ☐ No

→ If No, Go to Question 33 of the CAHPS 3.0
Adult Commercial Questionnaire

☐ Don't know

→ If Don't know, Go to Question 33 of the CAHPS 3.0
Adult Commercial Questionnaire

H4. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't know

H5. In the last 12 months, how often did your health plan handle your claims correctly?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ Don't know

HEDIS SET (continued)

H6. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ Don't know

*Insert H7 to H10 after Q-36 in the "Your Health Plan" Section of the
CAHPS 3.0 Adult Commercial Questionnaire*

H7. In the last 12 months, have you called or written your health plan with a complaint or problem?

- ¹ ☐ Yes
- ² ☐ No → **If No, Go to Question 37 of the CAHPS 3.0 Adult Commercial Questionnaire**

H8. How long did it take for the health plan to resolve your complaint?

- ¹ ☐ Same day
- ² ☐ 2-7 days
- ³ ☐ 8-14 days
- ⁴ ☐ 15-21 days
- ⁵ ☐ More than 21 days
- ⁶ ☐ I am still waiting for it to be settled. → **If still waiting, Go to Question H10**

H9 – For Medicare, the response categories "I am still waiting for it to be settled" and "I haven't called or written with a complaint or problem in the last 12 months" should be added following "No"

H9. Was your complaint or problem settled to your satisfaction?

- ¹ ☐ Yes → **If Yes, Go to Question 37 of the CAHPS 3.0 Adult Commercial Questionnaire**
- ² ☐ No → **If No, Go to Question H10 of the HEDIS Set**

HEDIS SET (continued)

H10. How long have you been waiting for your health plan to resolve your complaint?

- ¹ ☐ 1-7 days
- ² ☐ 8-14 days
- ³ ☐ 15-21 days
- ⁴ ☐ More than 21 days

*Insert H11 to H17 after Q-40 in “About You” section of the CAHPS 3.0
Adult Commercial Questionnaire*

H11. Have your had a flu shot since September 1, 2002?

- ¹ ☐ Yes
- ² ☐ No
- ☐ Don't know

H12. Have you ever smoked at least 100 cigarettes in your entire life?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 41 of the CAHPS 3.0
Adult Commercial Questionnaire
- ☐ Don't know → If Don't know, Go to Question 41 of the CAHPS 3.0
Adult Commercial Questionnaire

H13. Do you now smoke every day, some days or not at all?

- ¹ ☐ Every day → If Every day, Go to Question H15
- ² ☐ Some days → If Some days, Go to Question H15
- ³ ☐ Not at all
- ☐ Don't know → If Don't know, Go to Question 41 of the CAHPS 3.0
Adult Commercial Questionnaire

HEDIS SET (continued)

H14 – For Medicaid, response categories should be stated as “6 months or less”, “More than 6 months”, and “Don’t know”

H14. How long has it been since you quit smoking cigarettes?

¹ ☐ 12 months or less

² ☐ More than 12 months → **If More than 12 months, Go to Question 41 of the CAHPS 3.0 Adult Commercial Questionnaire**

☐ Don’t know → **If Don’t know, Go to Question 41 of the CAHPS 3.0 Adult Commercial Questionnaire**

H15 – For Medicaid, the final response category should be stated as “I had no visits in the last 6 months”

H15. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

⁰ ☐ None

¹ ☐ 1 visit

² ☐ 2 to 4 visits

³ ☐ 5 to 9 visits

⁴ ☐ 10 or more visits

☐ I had no visits in the last 12 months

H16 – For Medicaid, the final response category should be stated as “I had no visits in the last 6 months”

H16. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

⁰ ☐ None

¹ ☐ 1 visit

² ☐ 2 to 4 visits

³ ☐ 5 to 9 visits

⁴ ☐ 10 or more visits

☐ I had no visits in the last 12 months

HEDIS SET (continued)

H17 – For Medicaid, the final response category should be stated as “I had no visits in the last 6 months”

H17. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- ⁰ ☐ None
- ¹ ☐ 1 visit
- ² ☐ 2 to 4 visits
- ³ ☐ 5 to 9 visits
- ⁴ ☐ 10 or more visits
- ☐ I had no visits in the last 12 months